

Attachment B Completion Certificate
Maryland Geothermal Heat Pump Grant Program
January 2010

A. Participant Information

Grant Amount: \$_____

Name: _____ Organization: _____

Installation Address: _____

City: _____ State: Maryland Zip Code: _____

Phone: _____ Email: _____

Sections B through D to be filled out by the **installer** of the geothermal heat pump system.

B. Geothermal Heat Pump System Information

System size (tons): _____ System type: _____ closed loop _____ open loop

Heat Pump Manufacturer: _____ Model # : _____

Total feet: _____ vertical system _____ horizontal system

Total system cost: _____

C. Installation Contractor/Subcontractor Information

Installation Contractor Name: _____ Company Name: _____

Contractor/Customer Project # _____

Contractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Project Start Date: _____ Installation Date: _____

Contractor DUNS #: _____ Jobs Created (FTE) _____

(Please see: <http://www.energy.state.md.us/documents/CopyofGuidelinesonReportingJobsCreatedorRetained.pdf>
on how to calculate jobs created/retained)

Jobs Retained (FTE) _____ Registered Maryland Minority Business Enterprise (Y/N)

Subcontractor Name (if applicable): _____ Company Name: _____

Subcontractor's Md. License #: _____ Type of License: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Subcontractor DUNS #: _____ Jobs Created (FTE) _____

(Please see: <http://www.energy.state.md.us/documents/CopyofGuidelinesonReportingJobsCreatedorRetained.pdf> on how to calculate jobs created/retained)

Jobs Retained (FTE) _____ Registered Maryland Minority Business Enterprise (Y/N)

Description of Services Provided by Contractor/Subcontractor(s): _____

D. Hardware and Installation Compliance and Inspection

Please check all applicable statements.

_____ Product specification sheet indicating efficiency is attached.

_____ The system is in compliance with the ISO 13256-1 or ARI 870 standards.

_____ The system has been installed in compliance with applicable requirements of the local codes authority.

Permit #: _____ Issued By (County or Municipality Name): _____

Inspection Date: _____

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland, and have met the requirements of the local codes authority regarding system safety and reliability and that all the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Contractor): _____ Date: _____

Name (Print): _____ Company: _____

E. Other Information Required by the American Recovery and Reinvestment Act of 2009

Recipient's Doing-Business-As Name (DBA) (if applicable): _____

Recipient's Congressional District (found at <http://www.house.gov/zip/ZIP2Rep.html>):
MD _____

Recipient's Legal Address (if different from Installation Address): _____

☐ Recipient has attached completed installer prevailing wage rate/payroll (Davis-Bacon) forms
(**only required if recipient is a business, government entity or organization**) (Sample
form available at <http://www.dol.gov/esa/whd/forms/wh347.pdf>)

F. Owner Acknowledgement

I solemnly affirm under penalties of perjury that I am a Maryland building owner, and have met the requirements of the program as described in the terms and conditions of the Geothermal Heat Pump Grant Program, including the ARRA Addendum Special Terms and Conditions (Revised January 2010), and that the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Owner): _____ Date: _____

SSN: _____ -- _____ -- _____ or Fed ID: _____

Please include a photo of the project or email an electronic photo to:

Attention Geothermal Heat Pump Grant Program
Meainfo@energy.state.md.us

Mail this Completion Certificate and supporting documentation to:
-Attention- Geothermal Heat Pump Grant Program
Maryland Energy Administration
60 West Street, Suite 300
Annapolis, MD 21401